

## NOTICE OF INTENT TO AWARD

### REQUEST FOR PROPOSAL (RFP) # FWBPEIS26201

12/3/2025

The Iowa Department of Health and Human Services (Agency), Division of Family Well Being and Protection, Lucas State Office Building, Des Moines, Iowa 50319, announces its intent to award:

More Options for Maternal Support (MOMS)

to the following applicant(s):

Pregnancy Care Center Inc dba Pathways of Pella

Clarity Clinic Pregnancy Center

Family, Inc dba Firefly

Pregnancy Resources

As provided for in the RFP, this Notice of Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Agency and the apparent successful applicant. The applicant shall not acquire any legal or equitable rights relative to the contract services until a contract is executed. If the apparent successful applicant fails to negotiate and execute a contract with the Agency, in its sole discretion, the Agency may revoke the notice and enter into contract negotiations with the next highest ranked applicant or other applicant as determined to be in the Agency's best interests or withdraw the RFP. The Agency further reserves the right to cancel the notice at any time prior to the execution of a written contract.

Applicants not listed above will not be awarded a contract pursuant to the above referenced RFP. The posting of this notice of intent to award constitutes receipt of the adverse decision.

Applicants may request reconsideration of notice of intent to award decision by submitting a written request to the Agency. The Agency must receive the written request for reconsideration **within five calendar days (exclusive of Saturdays, Sundays, and legal state holidays)** from the date of the notice of intent to award decision.

The reconsideration shall be addressed to the contract compliance officer cited in the RFP John McMullen and shall be submitted via email, including a read receipt verification, to the following email addresses:

[reconsiderationrequest@hhs.iowa.gov](mailto:reconsiderationrequest@hhs.iowa.gov)

It is the Applicant's responsibility to assure timely delivery of the request for reconsideration. The request for reconsideration shall clearly and fully identify all issues being contested by reference to the page and section number of the RFP.

The Agency will expeditiously address the request for reconsideration and issue a decision. The Applicant may choose to file an appeal with the Agency within five days of the date of the decision on reconsideration exclusive of Saturdays, Sundays, and legal state holidays.

Thank you for participating in the competitive selection process. The evaluation records are open for public inspection. For information about this notice, please contact [HHSopenrecords@hhs.iowa.gov](mailto:HHSopenrecords@hhs.iowa.gov).